

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 6

Registrar's No. _____

1. Place of Death: (a) County Apache (b) City or Town Rural (c) Location Painted Desert Park
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Transient; in Arizona Transient
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Illinois (b) County Rock Island (c) City or Town Rock Island
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Floyd Sprague (b) If Veteran name was _____ (c) Social Security No. 315-03-1361

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Eunice Sprague 6. (c) Age of husband or wife, if alive 38 yrs.

7. Birthdate of deceased November 5, 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 4 If less than one day hrs. _____ min. _____

9. Birthplace Iowa
(City, town or county) (State or Country)

10. Usual Occupation Tool & Die Maker

11. Industry or Business Machine shop

12. Name Clyde Sprague

13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Avis Miller

15. Birthplace Iowa
(City, town or county) (State or Country)

16. (a) Informant's own signature J. P. Scott

(b) Address Winslow, Arizona

17. (a) Burial, Cremation or Removal Removal

(b) Place Rock Island Ill Date 9/11 1944

18. (a) Embalmer's Signature J. P. Scott

(b) Funeral Director Scott & McMillan

(c) Address Winslow, Arizona

19. (a) Sept 9th 1944
(Date received local Registrar)

(b) Chas M McDonald
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 9, 1944
TIME (Hour and minute) 6 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
(Heart attack due to
Due to dilated heart)

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Chas M McDonald Loane
Address Chambers, Arizona Date signed 9-9-44

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically